
**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 09/215,421

Filing Date December 18, 1998

First Named Inventor Chang, Paul

Art Unit 2664

Examiner Name W.C. Schultz

RECEIVED

OCT 26 2004

Technology Center 2600

ENCLOSURES (Check all that apply)

- Fee Transmittal Form
 Fee Attached
 Amendment/Reply
 After Final
 Affidavits/declaration(s)
 Extension of Time Request
 Express Abandonment Request
 Information Disclosure Statement
 Certified Copy of Priority Document(s)
 Response to Missing Parts/ Incomplete Application
 Response to Missing Parts under 37 CFR 1.52 or 1.53

- Drawing(s)
 Licensing-related Papers
 Petition
 Petition to Convert to a Provisional Application
 Power of Attorney, Revocation
 Change of Correspondence Address
 Terminal Disclaimer
 Request for Refund
 CD, Number of CD(s) _____

- After Allowance Communication to Technology Center (TC)
 Appeal Communication to Board of Appeals and Interferences
 Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
 Proprietary Information
 Status Letter
 Other Enclosure(s) (please identify below):
 Return Postcard

Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
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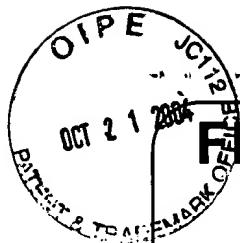
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP	
Signature	David N. Slone	
Date	Reg. No. 28,572	
October 18, 2004		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	M. Diane Dubé	
Signature	M. Diane Dubé	Date 10/18/04



FEET TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 225)

Complete if Known

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Art Unit 2664

Attorney Docket No. 016845-000300US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Fee from below		Fee Paid
			Extra Claims	X	

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1,530	2254	765
1255	2,080	2255	1,040
1401	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,370	2501	685
1502	490	2502	245
1503	660	2503	330
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify)			

*Reduced by Basic Filing Fee Paid SUBTOTAL (3)

(\$)225

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	David N. Slone	Registration No. (Attorney/Agent)	28,572	Telephone 650-326-2400
Signature				Date October 18, 2004

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